

ENTERPRISE HOSPITAL & NURSING HOME

COUNSELING FORM

Curley Young  
NAME OF EMPLOYEE

Nursing  
DEPARTMENT

5/12/92  
DATE

SUBJECT AND EXPLANATION OF COUNSELING

Because you did not call or come in  
5/10/92 - You are suspended for three days  
according to policy of this facility. 3rd  
time will mean termination

DEFENDANT'S  
EXHIBIT

J Young  
2 287107

EMPLOYEE COMMENTS

This is to certify that I have received counseling  
in the above described subject.

X Curley Young  
SIGNATURE OF EMPLOYEE

Jan D. Mathews  
SIGNATURE OF COUNSELOR